



Commonwealth of Massachusetts
Division of Professional Licensure
Office of Public Safety & Inspections

MA License No. _____

Application for License to Operate Large Inflatable Devices

1000 Washington Street – Suite 710 – Boston – MA 02118

Application is hereby made for a license to operate the listed amusement devices. License will not be issued unless this document has been completed and signed by the owner. This form must be submitted by the applicant. Failure to use this form may result in the denial of the application. Please refer to 520 CMR 5.00 for further duties and responsibilities pertaining to the operation of large inflatable devices.

(Print name of owner/organization)

(Date of Application)

(Company Website Address)

(Phone Number)

(Contact Name)

(Fax Number)

(Contact Title)

(Company Street Address)

(Contact E-Mail Address)

(City, State, Zip Code)

The following information must accompany this application (please check ☐ as attached):

- A list of inflatable devices (see following page).
- A bank check or money order payable to the Commonwealth of Massachusetts (\$40 per course).
- Total Number of devices: _____.
- An original insurance certificate (\$1,000,000 per occurrence, \$2,000,000 general aggregate), or proof of self-insurance of amount up to statutory limit, with insured devices listed.
- A completed certified inspector's report on a form approved by the OPSI.
- A list of ride operators trained in conformance with the manufacturer's specifications and certified by the owner. Such list shall include the names of certified ride operators who are 18 years of age or older and the devices for which they have been trained and certified to operate.
- A list of staff operating belay systems for portable, fabricated inflatable rock walls with a height in excess of 12 feet measured from the landing surface to the highest anchor, who have been provided training as specified by the climbing wall manufacturer and/or belay system manufacturer. The owner shall require a certification signed by the belay operator indicating the ride name and level of training. This certification shall be kept on file by the owner for at least three years.
- Name, contact information, and copy of certification(s) of certified inflatable device mechanic(s).
- All operating procedures manuals, if not previously and properly submitted.
- CORI Request Form for company owner.
- CORI Procedure.
- For portable, fabricated inflatable rock walls with a height in excess of 12 feet measured from the landing surface to the highest anchor; the owner shall affirm that:
 - Anchor supports for the wall comply with manufacturer specifications, EN12572 or CWA Engineering Specifications;
 - Only automatic belay systems are used;
 - Anchor supports for climbing wall meet the requirements of the auto belay manufacturer;
 - Integral base and guardrail systems are provided as required by the manufacturer;
 - Harnesses that conform to either the rock wall manufacture recommendations ASTM F1772, UIAA105, or EN12277 are used by all patrons;
 - Helmets that conform to either the rock wall manufacturer recommendations, EN12492 or UIAA106 or equivalent ASTM standards are used by all patrons.

I certify under the penalties of perjury that to the best of my knowledge, I have filed all state tax returns and paid all state taxes required under state law, and that the information submitted with this application is true to the best of my knowledge.

(Signature of owner)

(Date)

(Print First & Last Name of Owner)

Note:

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This form must be submitted by the applicant.

Failure to use this form may result in the denial of the application.

APPLICATION FOR LICENSE TO OPERATE LARGE INFLATABLE DEVICES

No.	USID Number	Name of Device
1.		
2.		
3.		
4.		
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APPLICATION FOR LICENSE TO OPERATE LARGE INFLATABLE DEVICES

No.	USID Number	Name of Device
31.		
32.		
33.		
34.		
35.		
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49.		
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55.		

Name of Certified Inflatable Device Mechanic

Address

City

State

Zip Code

Phone:

Please provide a copy of the mechanic's NAARSO, AIMS or Massachusetts certification card.

*Mail the completed application along with required information attached, and fee
(Bank check or money order only) to:*

Massachusetts Office of Public Safety & Inspections (OPSI)

Attention: Amusements

1000 Washington Street, Suite 710, Boston MA 02118